



RICHMOND POLICE DEPARTMENT GENERAL ORDER



Subject: CRITICAL INCIDENT STRESS MANAGEMENT (CISM)-PEER SUPPORT TEAM (PST)		Chapter 7	Number 29	# Pages 9
References: CALEA: 4.2.3, 11.3.4f VA Code: §2.2-3700, §32.1-111.3	Related Orders: N/A		Effective Date: 04/11/2023 Revised By: Review Prv. Rev. Date: 03/17/16	
Chief of Police: <div style="text-align: center;"></div>				

I. PURPOSE

This directive aims to establish a ***Critical Incident Stress Management (CISM)-Peer Support Team (PST)*** to identify its objectives and provide general guidelines for its operation, selection, and assignment of personnel, training, administration, and confidentiality.

II. SUMMARY OF CHANGE

This policy is due for triannual review. The Critical Incident Stress Management (CISM)-Peer Support Team (PST) members will provide support involving critical incidents for all sworn and non-sworn employees. All new language is bold and italicized throughout the document.

III. POLICY

It is the policy of the Richmond Police Department (RPD) to maintain a ***PST (Peer Support Team)*** that consist of specially trained peers and professional mental health staff to give all Police Department members, and their immediate family, the opportunity to receive tangible peer support through times of personal or professional crisis and/or to help anticipate and address potential problems.

Richmond Police Department recognizes the value of providing employees and their families with a way to deal with professional and/or personal challenges. A successful approach is to provide a program that offers a non-professional (peer) support program in addition to the current Richmond Employee Assistance Program (REAP). The PST comprises of a group of sworn and civilian staff who have volunteered to be available to any department member. The program will allow RPD employees to share personal and/or professional problems confidentially with someone who understands and cares.

Richmond Police Department's most valuable resources are its employees. The Peer Support Program (PSP) will assist police personnel with stress caused by professional and/

or personal events and help them continue to be a productive member of the Richmond Police Department.

IV. ACCOUNTABILITY STATEMENT

All employees are expected to fully comply with the guidelines and timelines outlined in this general order. Responsibility rests with the Division Commander to ensure that any policy violations are investigated, and appropriate training, counseling and/or disciplinary action is initiated.

This directive is for internal use only and does not enlarge an employee's civil liability in any way. It should not be construed as creating a higher standard of safety or care in an evidentiary sense concerning third-party claims. Violation of this directive, if proven, can only form the basis of a complaint by this Department, and then only in a non-judicial administrative setting.

V. DEFINITIONS

A. **CRITICAL INCIDENT** – Any event that has the emotional power to overwhelm an individual's usual ability to cope and may interfere with a person's immediate or future coping mechanism. A critical incident may include, but is not limited to:

1. Line-of-duty death;
2. Serious line-of-duty injury or assault;
3. Suicide;
4. Officer-involved shootings;
5. Multi-casualty incidents or disasters;
6. Serious motor vehicle crashes;
7. Extended undercover operations;
8. Significant event involving children;
9. Incident involving known victim; and,
10. Personal or family tragedies, e.g. violent criminal incidents involving the employee or their families, deaths in family, etc.

B. **CRITICAL INCIDENT STRESS** – Any situation faced by Emergency Services personnel that causes them to experience extreme emotional reactions, which have the potential to interfere with or limit their ability to perform at the scene or later generate powerful feelings in the Emergency Services workers.

C. **CRITICAL INCIDENT STRESS MANAGEMENT (CISM)** – The process of educating, preventing, or mitigating the effects of exposure to an abnormal or highly unusual event. The core components of CISM are pre-incident education, on-scene

support, one-on-one peer crisis intervention, demobilization, defusing, debriefing, follow-up/referral, and significant other services.

- D. CRITICAL INCIDENT STRESS DEBRIEFING (CISD) – Formally, a seven-phase process used in a group meeting, usually held 24 to 72 hours after an incident, employing both crisis intervention and educational methods. The session is targeted toward mitigating psychological distress associated with a critical incident or traumatic event. Debriefings are neither counseling nor an operations critique of the incident.
- E. DEFUSING – *A brief confidential discussion between employees involved in a critical incident and PST Members (PSTM) immediately following an incident. The purpose of this is to help restore the employee’s cognitive functioning and to help prepare the employee to cope with future stress reactions that may arise from the critical incident.*
- F. DEMOBILIZATION – A brief intervention immediately after a disaster or significant incident, provides a transition period from the major incident to the normal work routine.
- G. IMMEDIATE FAMILY – A spouse; child by blood, adoption, or marriage; grandparents, grandchildren for the employee or employee’s spouse, parent living in the same household.
- H. PEER SUPPORT TEAM (PST) – A team composed of sworn and non-sworn personnel *who are trained to provide emotional support to other department employees and family members of department employees who have experienced a critical incident.*
- I. PEER SUPPORT **TEAM** MEMBER (PSTM) – A RPD employee trained in Critical Incident Stress Management to recognize and understand stress reactions during and after critical incidents. Any conflicts of roles must be resolved in that context, PSTM cannot be volunteers if they are involved in a critical incident.
- J. PEER SUPPORT TEAM COORDINATOR- An individual certified and trained in *Peer Support*. The PST Coordinator is responsible for the direct oversight of the team certification and coordination of responses to critical incidents and matters that involve the support of PRD staff and their family’s health and wellness. The coordinator will report directly to the Chief of Police.
- K. PEER SUPPORT ADVISORY COMMITTEE- Acts as the policy-setting board for the program’s operation and professional development of peer volunteers. The committee recommendations are subject to review and approval by the Chief of Police. The committee will oversee the process of the team recruiting peers and panel members for the selection process of peer supporters. The Qualified Mental Health Professional (QMHP) and the PST coordinator members are selected by the interview panel and approved by the Chief of Police or designee. The PST Coordinator will serve in a dual role as the PSPAC coordinator. Peer Support Advisory Committee membership consists of representatives from:

1. Peer Support Team
 - a) 4 Sworn members
 - b) 2 Civilian Members;
 2. A Qualified Mental Health Professional (QMHP)
 3. One member of command staff who the Chief of Police appoints;
 4. A representative from Richmond Police Human Resource Unit
- L. RICHMOND EMPLOYEE ASSISTANCE PROGRAM (REAP) - A Management consultation service that provides diagnostic, consulting, and referral services to any employee or eligible family member experiencing personal difficulties.
- M. ***RICHMOND POLICE DEPARTMENT CLINICIAN- A Clinician available to provide mental health services to any officer or staff needing it. The scope of the services includes individual and family counseling, coordination, referral, wellness and mental health education, groups, and crisis intervention.***

VI. CONFIDENTIALITY

[CALEA 22.2.6c]

- A. It shall be mandatory that ***CISM-PST*** members maintain strict confidentiality in matters discussed in peer debriefings, defusing or peer support meetings. Any statement of discussion with Peer Support Team members while acting in their peer support role shall remain confidential. Members of the Peer Support Team are employees of the Police Department and are bound under specific laws to report the following incidents if they are divulged. The exceptions to the confidentiality rule are as follows:
1. There is reason to believe a peer presents a danger to themselves or others, e.g., threats or actions toward suicide, homicide, etc.; and,
 2. There is a strong belief that a peer has committed a criminal act.
- NOTE: Employees are to be reminded that the Department's Code of Conduct binds ***PSTM***.
- B. The ***CISM-PST*** is not an investigative unit of the Police Department; therefore, it will not be the policy of this Department to interfere with nor question ***CISM-PST*** members or any other participant involved in a PST Debriefing or Defusing a critical incident concerning the content of the discussion.
- C. The ***CISM-PST*** Coordinator will maintain a confidential record of the types of incidents and the number of defusing and debriefings that are conducted. An annual summary will be prepared by the ***CISM-PST*** Coordinator and submitted to the Chief of Police, providing only the types of incidents and the number of defusing and debriefings. Names and employee numbers will not be used, as there will be no identifying information associated with the summary.

- D. All members of the *CISM*-PST must sign and complete all confidentiality forms before beginning the process of counseling, defusing, or debriefing.

VII. 19.2-271.4 Privileged communications by certain public safety personnel.

- A. *A person who is a member of a critical incident stress management or peer support team, established pursuant to subdivision A 13 of § [32.1-111.3](#), shall not disclose nor be compelled to testify regarding any information communicated to him by emergency medical services or public safety personnel who are the subjects of peer support services regarding a critical incident. Such information shall also be exempt from the Virginia Freedom of Information Act ([§ 2.2-3700](#) et seq.).*
- B. *A person who confides in a CISM or PSTM, as referenced in subsection A above, may waive the privilege/confidentiality requirement if they choose to do so; however, the PSTM cannot waive the confidentiality of any information shared with them pursuant to subsection A unless one or more of the exceptions in subsection C. applies.*
- C. *The provisions of this section shall not apply when:*
1. *Criminal activity is revealed;*
 2. *A member of a critical incident stress management or peer support team is a witness or a party to a critical incident that prompted the peer support services;*
 3. *A member of a critical incident stress management or peer support team reveals the content of privileged information to prevent a crime against any other person or a threat to public safety;*
 4. *The privileged information reveals intent to defraud or deceive the investigation into a critical incident;*
 5. *A member of a critical incident stress management or peer support team reveals the content of privileged information to the employer of the emergency medical services or public safety personnel regarding criminal acts committed or information that would indicate that the emergency medical services or public safety personnel pose a threat to themselves or others; or*
 6. *A member of a critical incident stress management or peer support team is not acting in the role of a member at the time of the communication.*
- D. *For this section, “critical incident” means an incident that induces an abnormally high level of negative emotions in response to a perceived loss of control. Such an incident is most often related to a threat to the well-being of the emergency medical services or public safety employee or to the well-being of another individual for who such employee has some obligation of personal or professional concern.*

VI. PROCEDURES

[CALEA 22.2.6]

- A. Employees experiencing stress may initiate contact with a *CISM-PST* member at any time.
 - 1. Defusing and debriefing procedures will be activated when the following types of stressful incidents occur or as needed;
 - a) All police shootings
 - b) Death or severe injuries to an RPD employee or immediate family.
 - c) Mass casualty incident
 - d) Other incidents as determined by the Chief of Police, supervisor, or peer support team member.
 - 2. In case of severe violent injury to a Department employee, the employee shall be offered the opportunity to participate in a defusing and/ or debriefing following the incident.
 - 3. Any supervisor may notify *CISM-PST* Coordinator or Team Members of an incident and provide information about it and the employees involved.
 - 4. Field supervisors shall contact the Department of Emergency Communications (DEC) when *CISM-PST* is needed.

- B. Peer Support Team:
 - 1. *CISM-PST* members will follow-up with all employees involved in a defusing or debriefing within 15 days of the critical incident to ensure that any prolonged or delayed difficulties are addressed and to initiate a referral, if necessary.
 - 2. *CISM-PST* will consult with a Mental Health Professional/ Clinician when necessary and refrain from advising outside their training.
 - 3. The Peer Support Coordinator will also supply resource information for family members of any affected personnel.
 - 4. Suppose a critical incident stress debriefing is warranted. In that case, it should occur promptly after the incident unless the QMHP determines that additional time is necessary. Critical incident stress debriefings will be for all employees and forensic personnel involved. They may be extended to other involved personnel if deemed appropriate by the *CISM-PST* Coordinator or a designee.

- C. The PST, when notified, will respond to the Division or Precinct to provide support and conduct a defusing and/ or debriefing for affected personnel.

NOTE: Consultation with the **CISM**-PST is strictly voluntary, and an employee may refuse without penalty or reprisal.

D. Selection of Personnel for Assignment:

1. All interested employees who volunteer as peer supporters shall receive recommendations from their supervisors and/ or peers. The interested employee will also need to complete a PD-72 and PD-15. The recommendations and PD forms shall go through their chain-of-command to the PST Coordinator.
2. Considerations for selecting of the **CISM**-PST included previous education and training in critical incident stress management, mental health, conflict resolution, resolved traumatic experiences, and understanding of character traits.
3. Prospective PST Members must be willing to meet the following criteria:
 - a. ***A minimum of 3 years of experience as a police officer or have served as a civilian employee with the department for a minimum of 3 years.***
 - b. No formal discipline during the six months preceding the date of application;
 - c. Agree to maintain confidentiality within the guidelines provided in this policy and the law;
 - d. Personal Critical Incident Event
 - e. Be empathetic and possess interpersonal and communication skills;
 - f. Be motivated and willing to manage time effectively; this will allow minimal impact on your regular duties.
 - g. Submit monthly statistics promptly;
 - h. Attend team meetings and quarterly training unless the **CISM**-PST Coordinator is provided a valid reason;
 - i. Must complete the selection process; and
 - j. Must attend and successfully complete the training program.
4. Request will be submitted to the team coordinator.
5. ***The PST members shall be chosen by the Peer Support Advisory Committee and then approved by the Chief of Police.***

- E. Relevant introductory and continuing training for a **CISM**-PST shall include the following:
[CALEA 22.2.6f]

1. *Virginia Law Enforcement Assistance CISM*
2. *Post-Critical Incident Seminars*
3. Confidentiality Issues;
4. Communication Facilitation and Listening Skills;
5. Ethical Issues;
6. Problem Assessment;
7. Conflict Resolution/Problem-Solving Skills;
8. Alcohol and Substance Abuse;
9. Cross-Cultural Issues;
10. Medical Conditions Often Confused with Psychiatric Disorders;
11. Stress Management;
12. AIDS Information;
13. Suicide Assessment;
14. Depression and Burn-out;
15. Grief Management;
16. Domestic Violence;
17. Crisis Management;
18. Non-verbal Communication;
19. When to Seek Mental Health Consultation and Referral; [CALEA 22.2.6e]
20. Traumatic Intervention; and,
21. Limits and Liability.

F. Administration:

1. *Peer Support Members will not be asked to give information about members they support. When dealing with peer support cases, the Chief of Police may inquire about statistical information regarding the utilization of the CISM-PST.*
2. *Peer Support debriefings, consultations, and/ or defusing are solely to provide employees an opportunity to discuss their feelings about a critical incident for which they have been impacted. Employees will be provided self-care tips and available mental health resources on a case-by-case need.*

3. ***Peer Support is not a component of the RPD Internal Affairs Unit, Officer Involved Investigation Team or Disciplinary Review Process.***
 4. ***Peer Support is not an alternative to discipline.***
 5. ***CISM-PST*** members can be reached by notifying DEC who will maintain a listing of the On-Call PST members.
- G. Consultation Service from Mental Health Professionals: [CALEA 22.2.6b]
1. The ***CISM-PST*** shall utilize the Department's Mental Health Professionals for consultation.
 2. ***CISM-PST*** members are not trained counselors and will not act in that capacity. However, they will make notifications to the RPD Mental Health Professional when a peer warranting mental health support shares information.

Each PST member must be aware of their limitations and shall seek advice and counsel in determining when to disqualify themselves.

VIII. FORMS

- A. Confidentiality Form(s)
- B. ***PD-72 Request for Transfer Cover Sheet***
- C. ***PD-15 Request for Reassignment***